ASBESTOS INFORMATION ASSOCIATION
NORTH AMERICA
1800 L Street, N.W. / Washington, D.C. 20036 / (202) 223-4885

7 June 1974

Mr. Matthew M. Swetonic
Hill and Knowlton, Inc.
633 Third Avenue
New York, N. Y. 10017

Dear Matt:

Herewith my notes taken at the NIOSH hearing on proposed health standard for occupational exposure to asbestos in surface work areas of underground and surface coal mines, which Bill Thurber and I attended on June 5 at HEW, Rockville, Maryland.

As indicated in the notice of public hearing, published in the Federal Register, Vol. 39, No. 92, May 10, 1974, Dr. Raymond T. Moore, Associate Director, NIOSH, presided as Chairman.

There were five parties who made statements at the hearing, the first of whom was Robert L. Vines, Vice President Health And Safety, Bituminous Coal Operators' Association, Inc., whose statement is attached.

The second party was Robert C. Bacon, Assistant to the President, R. T. Vanderbilt Co.. Mr. Bacon stated that actinolite and tremolite should be eliminated from the definition of "asbestos", since they are non-fibrous minerals --definition is crucial, and that the "attempt to define fiber by its aspect ratio alone is inadequate". He cited the ASTM, E-34, definition of "asbestos" and mentioned that there is no current evidence demonstrating that actinolite and tremolite (non-fibrous minerals) cause diseases.

The next speaker was William C. Thurber, Products Manager - Asbestos, Union Carbide Corporation. Bill delivered a brief verbal statement to the assembly, based upon the Association's letter from the Executive Director, R. H. Mereness, and the re-submittal of the Association's original comments of December 20, 1972 (sent out to Members June 4, 1974). Union Carbide Corporation submitted its comments by letter dated May 30, 1974, copy of which is enclosed for your convenience.

Dr. Lorin E. Kerr, a knowledgeable "black lung" specialist and

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PLAINTIFF'S EXHIBIT
UC-4355

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the usual medical spokesman for the United Mine Workers, next spoke. Dr. Kerr (well-respected, I understand) urged that a zero exposure level for asbestos be set. He stated that the proposed 2-fiber standard is too high, that the threshold limit concept is a hazard.

He cited the International Labour Organisation conference (Geneva, December 1973) at which a draft report was prepared for consideration by the Council, which covered the pathological effects of exposure to asbestos, the prevention of risks due to asbestos exposure (technical, medical, and administrative preventive measures).

He re-emphasized, as the ILO report had done that the 2-fiber standard should only be regarded as an interim target until research, technology, and methodology could arrive at a zero fiber standard. He brought out the fact (so did ILO) that after all, the 2-fiber standard related to the fibrogenic effects of asbestos and not the carcinogenic effects which are still unknown.

(I have been told that it is unlikely that NIOSH will set such a standard -- zero exposure level -- especially since there is a widespread government desire to avert a coal strike this Fall. If this be the case, there may be some willingness to appease the UMW by adopting its stand on some minor issues as this. It would seem then that the UMW should be looked upon as serious interest group pressure).

Sheldon W. Samuels, Health and Safety Director, IUD, AFL/CIO, was the last speaker to address the group. Mr. Samuels also cited the ILO conference with direct quotes from its draft report on the safe use of asbestos to the Governing Council. The quotes, apparently, were also his recommendations, except that he did say that they "would have to be modified for coal mines".

Mr. Marsh telephoned today and said that you would work up some further comments. Hope this will be of help to you.

Best regards,

Carol W. Grant
(Mrs.)
Administrative Assistant

CWG
Enclosure

cc: William C. Thurber

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STATEMENT OF

BITUMINOUS COAL OPERATORS' ASSOCIATION, INC.

WASHINGTON, D. C.

BEFORE

PUBLIC HEARING

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY

AND HEALTH

ROCKVILLE, MARYLAND

JUNE 5, 1974

BY

ROBERT L. VINES
VICE PRESIDENT
HEALTH AND SAFETY

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These are the values which also are applied to employees in industries where asbestos is commonly used an may be expected to appear in the form of an airborne contaminant in significant quantities. Such usage and exposure are expected not to occur in the coal mining industry.

In addition, the Federal Coal Mine Health and Safety Act establishes a standard for total respirable dust, including asbestos fibers, in the atmosphere to which miners may be exposed. Samples of the total respirable dust are required to be transmitted to the Secretary of Interior and analyzed by him.

In regard to medical examinations, the mine operator is required to cooperate with the Secretary of HEW in making available to each miner the opportunity to have periodic chest roentgenograms at intervals prescribed by the Secretary, not to exceed five years. These x-rays are classified as prescribed by the Secretary, for the purpose of detecting evidence of the development of pneumoconiosis. If such evidence is found, the miner is given the option of transferring to another position in any area of the mine for such period or periods as may be necessary to prevent further development of pneumoconiosis.

Regarding the respirable dust sampling program, mine operators are required by the Act to collect accurate periodic samples of the total respirable dust in the mine atmosphere to

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sampling programs, and medical examinations are not as compre-
hensive in those industries as in coal mining. We therefore
believe that it is not in order to impose a more rigid standard
for coal mining than for any other industry.

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